

FILED

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ~~INDIANA~~ Indiana

2011 OCT 25 AM 11:49

STANDARD  
U.S. DISTRICT COURT  
FOR THE DISTRICT OF INDIANA

Kennado TAYLOR

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

2 11 CV 388

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Porter STARK Hospital

IN DAIR individual Capacity

JANE DOE PSYChologist in her individual CAPacity  
THE John DOE Security For Porter STARK Hospital  
IN DAIR individual CAPacity

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☒

**OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Kennado TAYLOR
- B. List all aliases: Kennado Boyd TAYLOR
- C. Prisoner identification number: 20101204047
- D. Place of present confinement: N/A
- E. Address: 2600 S CALIFORNIA AVE Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Porter STARK Hospital  
Title: Porter STARK Hospital  
Place of Employment: Porter STARK Hospital
- B. Defendant: JANE DOE Psych Doctor  
Title: Psych Doctor  
Place of Employment: Porter STARK Psych Hospital
- C. Defendant: THE John DOE  
Title: Security  
Place of Employment: Porter STARK Psych Hospital

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount N/A Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount N/A Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount N/A Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount N/A Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount N/A Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: N/A Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: N/A Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: N/A Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: N/A  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents  
N/A

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**



V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

About or around 7/2010 I MR Kennado Taylor was taken to porter Stark Hospital for suicidal tendencies. The follow Day the psych Doctor <sup>Jane Doe</sup> call Me to talk to her. She ask "How are you today MR Taylor what is it you've done to be here in the hospital?" I then told the <sup>Jane Doe</sup> psyc Doctor "I tried to Kill Myself I have Nothing to live for". The Jane Doe psyc Doctor said "So your saying you're going to Kill your self or someone else Okay then you'll Just go to Jail MR Taylor". I MR Taylor then asked the Jane Doe Psyc Doctor can see please help ME I feel like Killing Myself or someone else I need help. The Jane Doe psyc Doctor said "then

I can not help you if your're going  
to kill your self and some one  
else. "you'll just go to jail  
Mr. Taylor so I'm sending you home.  
The Jane Doe ~~psyc~~ Doctor then said  
I'm calling Security the Security  
was then called and when the  
Security came the Security used  
excessive force ME for no reason  
I was then told I NEED to get  
my belongings and get out of  
here by the Jane Doe ~~psyc~~ Doctor  
and security upon Security John Doe  
using excessive force on me My leg  
was injured, I Mr Kennado Taylor  
has been hospitalized for Mental  
health problems from a kid. I gave  
the Jane Doe ~~psyc~~ Doctor information  
about hospitals I've been in and  
the Mental health Conditions I suffer  
from and she over looked my condition  
and denied me Mental health services

I was denied Mental Health treatment by Jane Doe Doctor at Stark Hospital I Kennardo Taylor was treated with Negligents on the Jane Doe psych Doctor time and work place where this treatment establish under the Mental Health act. And Not Obtaining adequate treatment from Jane Doe Doctor at Porter Stark Hospital is there for a violation by the Jane Doe psych Doctor I seen on or around 7/2010 and the Porter Stark Administration I then called the Porter Starks police I Kennardo Taylor then told the Officers John Doe I need help the psych Doctor Jane Doe At Porter Stark Hospital will Not Assis me I then told the John Doe Officers I feel like Killing Myself and others. The John Doe Officers then said "We're going to get you some help MR Taylor"

VI. Relief:



The John Doe Officers then  
 called Porter Stark Jane Doe  
 psych Doctor and said "you just  
 sent a young man by the name  
 of Kennad Taylor home." The  
 Jane Doe then said "YES I Did"  
 the John Doe Officers then stated  
 "MR Taylor said he's going to  
 kill himself and others. The  
 Jane Doe Doctor then stated  
 "I told MR Taylor if he kills  
 some one he's just going to  
 go to jail." The Sgt of the police  
 Department came to try and  
 get ME Medical assistance the  
 Jane Doe psych Doctor then said  
 "He's not going to kill his self  
 and if he kill some one just  
 take him to jail because he's  
 lying any way the Officers and  
 Sgt then said the Jane Doe psych  
 Doctor is wrong for not giving you treatment  
 and MAKE SURE you get a lawyer. All of this  
~~VI. [REDACTED]~~ will show due to Records been pulled  
 from Porter Starks Hospital on 7/20/10



**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

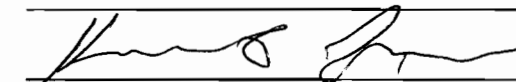
Each defendant acted under the Color of Law  
which I'm seeking punitive Damages in the  
amount of 250,000 seeking Compensation  
Damages and Violations under the  
Mental Health Act in the Amount of  
250,000

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Oct day of 19, 20 11

  
\_\_\_\_\_  
(Signature of plaintiff or plaintiffs)

Kenneth TAYLOR  
\_\_\_\_\_  
(Print name)

20101204047  
\_\_\_\_\_  
(I.D. Number)

PO Box 089002 Chicago IL 60608  
2600 S California Ave  
\_\_\_\_\_  
(Address)

**Resident Funds Inquiry**

Current User Name: PROGSERV Logout

ResId: 20101204047

Resident Id: **20101204047**Resident Name: **TAYLOR , KENNADO K**Date of Birth: **1981-02-17**Location: **D91F -1 -1026****Account Activity:**[Prior History](#)

Date	Transaction Type	Transaction Description	Amount	Balance	Due	Total
5/18/2011	RLS CHECK	O/A KANAWAKEE COUNTY	-0.32	0.00	0.00	0.00
5/13/2011	ERF	OID:100794039-ComisaryRefund-Reg	0.30	0.32	0.00	0.32
5/09/2011	EPR	OID:100794039-ComisaryPurch-Reg	-0.30	0.02	0.00	0.02
4/12/2011	EPR	OID:100774337-ComisaryPurch-Reg	-5.06	0.32	0.00	0.32
3/21/2011	ERF	OID:100752785-ComisaryRefund-Reg	5.35	5.38	0.00	5.38
3/15/2011	EPR	OID:100752785-ComisaryPurch-Reg	-5.35	0.03	0.00	0.03
3/15/2011	EPR	OID:100751572-ComisaryPurch-Reg	-19.64	5.38	0.00	5.38
3/08/2011	DEPWU	7643668693-03/05	25.00	25.02	0.00	25.02
2/28/2011	EPR	OID:100741267-ComisaryPurch-Reg	-0.35	0.02	0.00	0.02
2/14/2011	EPR	OID:100739638-ComisaryPurch-Reg	-1.63	0.37	0.00	0.37
1/07/2011	PAYROLL	PR6 1.01 1 CENT KIT DIV2	2.00	2.00	0.00	2.00
12/05/2010	BOOKED	ON THE NEW	0.00	0.00	0.00	0.00

## PRISONER CORRESPONDENCE FORM

Please fill out and return this form along with any other pleading you wish to submit to the court. It is your responsibility to keep the court advised of your current address in order for you to receive orders from the court. Failure to do so may result in dismissal of your case for want of prosecution. Once the Prisoner Correspondent records this information, this form will be destroyed.

## PLEASE PRINT

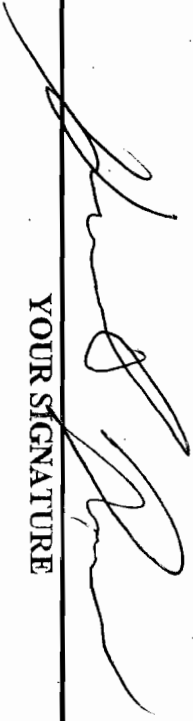
1. Name: Kennado K Taylor  
(First) (Middle) (Last)  
List Alias Names, if any: Kennado Taylor Boyd  
Kennado Boyd Taylor
2. Any Current/Prior  
Prison ID Number(s): 20101204047  
Name of Prison(s): COOK COUNTY JAIL
3. Jail ID Number(s): 20101204047  
Name of Jail(s): COOK COUNTY JAIL
4. Date of Birth: 2-17-81
5. Home Address (Do not use P.O. Box):  
Street Name and Number: 2600 S CALIFORNIA AVE  
City, State and Zip Code: CHICAGO IL 60608

# SELF NOTARY (STATE DOCUMENTS)

NOTARIZED UNDER AND BY 735 ILCS 5/1-109,  
UNDER PENALTY OF PERJURY, THIS

26 DAY OF September, 2011  
DAY # MONTH YEAR

YOUR SIGNATURE

A handwritten signature in black ink, appearing to be "David R.", written over a horizontal line.